

Arkansas Parent-Initiated P-EBT Application

District Name: _____

LEA #: _____

Pandemic-EBT (P-EBT) is a federal program. The Division of Elementary and Secondary Education (DESE), in collaboration with the Department of Human Services (DHS), received approval to operate this program in response to the COVID-19 related school closures. P-EBT provides food supports to help families with children who were receiving free and reduced-price school meals pay for food.

Eligibility for P-EBT:

1. The student must have been absent due to COVID-19.
2. The student must qualify for free and reduced-price meals.
3. Benefits are allowed only on planned school calendar days. Benefits are not allowed on weekends or holidays.
***Students electing year long virtual instruction are not required to fill out this application.*

| To be completed by Parent/Guardian | | | | | |
|--|--|--|--------|--|--|
| Student Name: | | | | | |
| Student Date of Birth: | | | | | |
| Student Address: | | | | | |
| School Name: | | | | | |
| <p>Dates student was absent or attended school virtually due to COVID-19 isolation/quarantine (use MM/DD/YYYY format Example: 09/07/2021)</p> | | | | | |
| Dates: | | | | | |
| Dates: | | | | | |
| Dates: | | | | | |
| <p><i>I certify (promise) that all information on this application is true and that the dates specified in my application are days that my child did not attend school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.</i></p> <p><i>I understand that in order to process this application, DESE will share personally identifiable information (PII) about the student listed on this application with DHS, including but not limited to the information on this application. I consent to DESE sharing the above-listed student's PII with DHS for the purpose of processing this application.</i></p> | | | | | |
| Parent/Guardian Name: | | | Email: | | |
| Parent/Guardian Contact Phone Number: | | | | | |
| Parent/Guardian Signature: | | | Date: | | |
| Only completed forms will be processed | | | | | |

| To be completed by School District Personnel | | | |
|--|--|---|--|
| Total number of days student is eligible for benefits: | | Student qualifies for free/reduced-price meals: | |
| Student ID Number: | | Free/Reduced Eligibility Start Date: | |
| Signature of District Employee: | | Title: | |

USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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